

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

SANDRA M. BANTER,

Plaintiff,

v.

MICHAEL J. ASTRUE, Commissioner of  
Social Security Administration,

Defendant.

CASE NO. 10-5559 BHS/JRC

REPORT AND RECOMMENDATION

Noted for March 25, 2011

This matter has been referred to Magistrate Judge J. Richard Creatura pursuant to 28 U.S.C. § 636(b)(1) and Local Magistrate Judges' Rule MJR 4(a)(4); and, as authorized by Mathews, Secretary of H.E.W. v. Weber, 423 U.S. 261, 271-72 (1976). This matter has been fully briefed. (See ECF Nos. 10, 11 and 12.)

After considering and reviewing the record, the undersigned finds that the Administrative Law Judge (hereinafter "ALJ") did not err in concluding that plaintiff had never been diagnosed with a depressive disorder, and, therefore, plaintiff's symptoms of depression did not constitute a "severe impairment" under step 2 of the sequential disability evaluation process. This Court recommends that the ALJ's decision be upheld and plaintiff's complaint be dismissed.

BACKGROUND

On January 23, 2006, plaintiff protectively filed an application for Disability Insurance Benefits. On February 1, 2006, plaintiff filed an application for Supplemental Security Income benefits (Tr. 10). This application was denied initially and upon reconsideration and a hearing request was timely filed (*id.*). A hearing was held on February 13, 2009 before an ALJ (*id.*).

Plaintiff claimed a number of severe impairments, including lumbar degenerative disc disease, bilateral carpal tunnel syndrome status post releases, bilateral ulnar degenerative joint disease, status post transpositions, and hepatitis C status post interferon treatment (Tr. 12). None of these severe impairments are the subject of plaintiff's appeal. Instead, plaintiff complains that the ALJ failed to find a mental impairment of depression as a severe impairment (ECF No. 10, page 3).

The ALJ denied claimant's application on April 15, 2009 (Tr. 7-21). In his written decision, the ALJ noted the following:

At the hearing, the claimant also reported depression. The medical record does not include a formal psychological evaluation, but depression and anxiety are noted at times in the treatment records, which also includes the claimant's responses to screening surveys (internal citation to Exhibit F/59). However, at other times, the claimant's mood and affect were noted as within normal limits and without signs of depression, anxiety, or agitation and a mini-depressive scale score was negative to mild. The overall record shows indication of depression at times, particularly related to grief and as a side effect of interferon treatment. However, the claimant has been prescribed medication for depression, and the overall record indicates that depressive symptoms have been managed and [are] relatively stable with medication (internal citation to Exhibits 5F/2, 5, 11F/16, 6F/3, 25-27, 31, 10F/4, 16, 22, 25, and 12F/41, 42, 61).

(Tr. 13-14.)

The ALJ concluded that the plaintiff did not have a "medically determinable mental impairment or combination of impairments that has resulted in significant vocationally relevant limitations." (Tr. 14.) The ALJ noted, however, that "the combined effects of all medically

1 determinable impairments and treatment have been considered in subsequent steps of the  
2 sequential evaluation process.” (Tr. 15.)

3 Plaintiff complains that the ALJ’s decision should be reversed because of failure to  
4 include depression at step 2 and because the ALJ allegedly erred in relying on the  
5 medical/vocational guidelines. (ECF No. 10 at 3, 6.) As to the latter issue, plaintiff concedes  
6 that plaintiff’s entire argument “hinges on whether or not the ALJ’s step 2 determination passes  
7 muster.” (ECF No. 12, page 3). Plaintiff concedes that this is the “paramount issue” that must  
8 be decided by the court (*id.*).

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10 Plaintiff timely sought review by the Appeals Council and on June 15, 2009, the Appeals  
11 Council denied plaintiff’s request for review (Tr. 1-3). Plaintiff sought timely review by this  
12 court (ECF No. 1).

#### 13 STANDARD OF REVIEW

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15 Plaintiff bears the burden of proving disability within the meaning of the Social Security  
16 Act (hereinafter “the Act”). Meanel v. Apfel, 172 F.3d 1111, 1113 (9th Cir. 1999) (*citing*  
17 Johnson v. Shalala, 60 F.3d 1428, 1432 (9th Cir. 1995)).

18 Step-two of the administration’s evaluation process requires the ALJ to determine  
19 whether an impairment is severe or not severe. 20 C.F.R. §§ 404.1520(a)(4)(ii), 416.920(a)(4)(ii)  
20 (1996). The “step-two determination of whether a disability is severe is merely a threshold  
21 determination of whether the claimant is able to perform his past work.” Hoopai v. Astrue, 499  
22 F.3d 1071, 1076 (9th Cir. 2007). Therefore, a finding that the disability of a claimant “is severe  
23 at step-two only raises a prima facie case of a disability.” *Id.* (*citing* Tackett v. Apfel, 180 F.3d  
24 1094, 1100 (9th Cir. 1999)).  
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1 An impairment is "not severe" if it does not "significantly limit" the ability to conduct  
2 basic work activities. 20 C.F.R. §§ 404.1521(a), 416.921(a). The Social Security Regulations  
3 and Rulings, as well as case law applying them, discuss the step-two severity determination in  
4 terms of what is "not severe." According to the Commissioner's regulations, an impairment is  
5 "not severe if it does not significantly limit [the claimant's] physical or mental ability to do basic  
6 work activities." 20 C.F.R. § 404.1521(a) (1991). Basic work activities are "abilities and  
7 aptitudes necessary to do most jobs," including, for example, "walking, standing, sitting, lifting,  
8 pushing, pulling, reaching, carrying or handling; capacities for seeing, hearing and speaking;  
9 understanding, carrying out, and remembering simple instructions; use of judgment; responding  
10 appropriately to supervision, co-workers and usual work situations; and dealing with changes in  
11 a routine work setting." 20 C.F.R. § 404.1521(b). "An impairment or combination of  
12 impairments can be found 'not severe' only if the evidence establishes a slight abnormality that  
13 has 'no more than a minimal effect on an individual[']s ability to work.'" Smolen v. Chater, 80  
14 F.3d 1273, 1290 (9th Cir. 1996) (*quoting* Yuckert v. Bowen, 841 F.2d 303, 306 (9th Cir. 1988)  
15 (*adopting* Social Security Ruling "SSR" 85-28)). The step-two analysis is "a de minimis  
16 screening device to dispose of groundless claims." Smolen, 80 F.3d at 1290 (*citing* Bowen v.  
17 Yuckert, 482 U.S. 137, 153-54 (1987)).

20 According to Social Security Ruling 96-3b, "[a] determination that an individual's  
21 impairment(s) is not severe requires a careful evaluation of the medical findings that describe the  
22 impairment(s) (*i.e.*, the objective medical evidence and any impairment-related symptoms), and  
23 an informed judgment about the limitations and restrictions the impairments(s) and related  
24 symptom(s) impose on the individual's physical and mental ability to do basic work activities."  
25 SSR 96-3p, 1996 SSR LEXIS 10 (*citing* SSR 96-7p); *see also* Slayman v. Astrue, 2009 U.S.  
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1 Dist. LEXIS 125323 at \*33-\*34 (W.D. Wash. 2009). If a claimant's impairments are "not severe  
 2 enough to limit significantly the claimant's ability to perform most jobs, by definition the  
 3 impairment[s] do[] not prevent the claimant from engaging in any substantial gainful activity."  
 4 Bowen, 482 U.S. at 146.

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 6 Plaintiff bears the burden to establish by a preponderance of the evidence the existence of  
 7 a severe impairment that prevented performance of substantial gainful activity, and that this  
 8 impairment lasted for at least twelve continuous months. 20 C.F.R. §§ 404.1505(a), 404.1512,  
 9 416.905, 416.1453(a), 416.912(a); see also Tidwell v. Apfel, 161 F.3d 599, 601 (9th Cir. 1998)  
 10 (*citing* Roberts v. Shalala, 66 F.3d 179, 182 (9th Cir. 1995)). It is the plaintiff's burden to  
 11 "furnish[] such medical and other evidence of the existence thereof as the Secretary may  
 12 require." Bowen, 482 U.S. at 146 (*quoting* 42 U.S.C. § 423(d)(5)(A) (*citing* Mathews v.  
 13 Eldridge, 424 U.S. 319, 336 (1976)); see also McCullen v. Apfel, 2000 U.S. Dist. LEXIS 19994  
 14 at \*21 (E.D. Penn. 2000) (*citing* 42 U.S.C. § 405(g); 20 C.F.R. §§ 404.1505, 404.1520).

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 16 The ALJ "has an independent 'duty to fully and fairly develop the record.'" Tonapetyan  
 17 v. Halter, 242 F.3d 1144, 1150 (9th Cir. 2001) (*quoting* Smolen, supra, 80 F.3d at 1288). This  
 18 duty is "especially important when plaintiff suffers from a mental impairment." Delorme v.  
 19 Sullivan, 924 F.2d 841, 849 (9th Cir. 1991)). This is "[b]ecause mentally ill persons may not be  
 20 capable of protecting themselves from possible loss of benefits by furnishing necessary evidence  
 21 concerning onset." Id. (*quoting* SSR 83-20). However, the ALJ's duty to supplement the record is  
 22 triggered only if there is ambiguous evidence or if the record is inadequate to allow for proper  
 23 evaluation of the evidence. Mayes v. Massanari, 276 F.3d 453, 459-60 (9th Cir. 2001);  
 24 Tonapetyan, supra, 242 F.3d at 1150.  
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1 The Social Security Regulations set forth a specific procedure for evaluating mental  
 2 impairments. Initially, the ALJ must determine whether a mental impairment exists by carefully  
 3 reviewing the evidence. 20 C.F.R. § 404.1508, 404.1528, 20 C.F.R. Pt. 404, Subpt. P., App. 1,  
 4 12.00B. Plaintiff is disabled under the Act only if plaintiff's mental impairments are of such  
 5 severity that plaintiff is unable to do previous work, and cannot, considering the plaintiff's age,  
 6 education, and work experience, engage in any other substantial gainful activity existing in the  
 7 national economy. 42 U.S.C. §§ 423(d)(2)(A), 1382c(a)(3)(B); see also Tackett v. Apfel, 180  
 8 F.3d 1094, 1098-99 (9th Cir. 1999). The Act defines disability as the "inability to engage in any  
 9 substantial gainful activity" due to a physical or mental impairment "which can be expected to  
 10 result in death or which has lasted, or can be expected to last for a continuous period of not less  
 11 than twelve months." 42 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A).

12 Pursuant to 42 U.S.C. § 405(g), this court may set aside the Commissioner's denial of  
 13 social security benefits if the ALJ's findings are based on legal error or not supported by  
 14 substantial evidence in the record as a whole. Bayliss v. Barnhart, 427 F.3d 1211, 1214 n.1 (9th  
 15 Cir. 2005) (*citing Tidwell*, 161 F.3d at 601). "Substantial evidence" is more than a scintilla, less  
 16 than a preponderance, and is such "relevant evidence as a reasonable mind might accept as  
 17 adequate to support a conclusion." Magallanes v. Bowen, 881 F.2d 747, 750 (9th Cir. 1989)  
 18 (*quoting Davis v. Heckler*, 868 F.2d 323, 325-26 (9th Cir. 1989)); see Richardson v. Perales, 402  
 19 U.S. 389, 401 (1971).

## 20 DISCUSSION

21 Plaintiff argues that her primary care physician, Dr. William Roes, conducted depression  
 22 and anxiety screenings and that "the plaintiff scored consistent with 'severe depression' and  
 23 'significant anxiety.' Tr. 472." (ECF No. 10, page 4.) Plaintiff also notes other portions of the  
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1 record that make reference to depression as related to her mother's death and her hepatitis C  
2 treatment. (ECF No. 10, pages 5-6.) Plaintiff argues that the ALJ did not discuss this evidence,  
3 which, in plaintiff's opinion, constitutes error.

4 While there is some indication in the record that plaintiff showed some signs of  
5 depression, neither her primary care physician nor any other medical expert has ever diagnosed  
6 plaintiff with depression. The ALJ noted in his decision that plaintiff's primary care physician,  
7 Dr. William Roes, did some psychiatric screening and that plaintiff scored high on depression  
8 scale and anxiety scale (Tr. 14), but Dr. Roes did not reach a diagnosis. In fact, although Dr.  
9 Roes concluded that there was "possible" underlying psychiatric problems, he recommended that  
10 plaintiff was a "good candidate for psychiatric evaluation" and never reached a conclusion  
11 regarding whether plaintiff had this alleged impairment (Tr. 473). Nor did any other health care  
12 provider reach such a conclusion. Although several providers made reference to possible  
13 depression, there is no diagnosis of depression. (See, e.g., Tr. 246, 381, 363.)

14 Plaintiff cites Sprague v. Bowen, 812 F.2d 1226, 1231 (9th Cir. 1987) for the proposition  
15 that even a "cursory mental evaluation conducted during one physical" is substantial evidence of  
16 an impairment (ECF 12, page 2). A careful examination of that case, however, does not support  
17 the plaintiff's argument. In Sprague, plaintiff's family doctor "gave his opinion" that plaintiff  
18 had depression. Id. at 1228. The issue in that case was not whether or not the physician had  
19 reached a diagnosis of depression, but rather whether or not a family physician had sufficient  
20 credentials to make that diagnosis, even though he was not a psychiatrist. See id. at 1231. The  
21 court concluded that he did. Id.

22 In this case, on the other hand, there was no issue regarding the physician's credentials,  
23 but rather that plaintiff's primary care physician never reached a diagnosis of depression. It was  
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1 plaintiff's burden to prove her alleged depression. Plaintiff failed to sustain this burden of proof  
2 at step 2, and did not present sufficient medical evidence to demonstrate that she suffered from  
3 depression as a severe impairment. In addition, the court finds that the evidence regarding this  
4 issue is not ambiguous and that the record is adequate to allow for a proper evaluation of the  
5 evidence; therefore, the ALJ's duty to supplement the record was not triggered in this case. See  
6 Mayes, supra, 276 F.3d at 459-60; Tonapetyan, supra, 242 F.3d at 1150.  
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8 Additionally, as noted above, despite this lack of a definitive diagnosis, the ALJ still  
9 considered plaintiff's depressive symptoms in his evaluation of her other medically  
10 determinative impairments, and concluded that her depressive symptoms were relatively stable  
11 with medication (Tr. 14). This conclusion is supported by substantial evidence in the record, as  
12 cited by the ALJ. (See Tr. 14.)  
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14 Finally, because this court concludes that the ALJ's analysis of plaintiff's mental  
15 condition is supported by substantial evidence, there is no reason to reconsider the ALJ's use of  
16 the medical/vocational guidelines in relation to the balance of plaintiff's other severe  
17 impairments. (See ECF No. 12, page 3 (plaintiff concedes that if there are no significant mental  
18 limitations, then the use of the grid is not error); see also, supra, p. 3.) Therefore, further analysis  
19 of this issue is unnecessary.  
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### 21 CONCLUSION

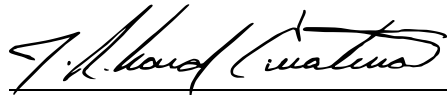
22 In summary, this court recommends that the Administrations' determination be upheld  
23 and that plaintiff's complaint be dismissed.

24 Pursuant to 28 U.S.C. § 636(b)(1) and Fed. R. Civ. P. 72(b), the parties shall have  
25 fourteen (14) days from service of this Report to file written objections. See also Fed. R. Civ. P.  
26 6. Failure to file objections will result in a waiver of those objections for purposes of de novo



1 review by the district judge. See 28 U.S.C. § 636(b)(1)(C). Accommodating the time limit  
2 imposed by Rule 72(b), the clerk is directed to set the matter for consideration on March 25,  
3 2011, as noted in the caption.

4 Dated this 3rd day of March, 2011.

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7 J. Richard Creatura  
8 United States Magistrate Judge  
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